

***The Office of the Comptroller
Security Administration
Electronic Security Form Agreement***

This document is an agreement between:

The Office of the Comptroller, Security Administration

And

<i>Department Name:</i> <i>(Please print)</i> _____	<i>Department Alpha Code:</i> _____
---	--

The use of the electronic on-line security request form requires the resetting of your network password every thirty (30) days. Failure to comply could result in the cancellation of your department's participation in this project.

As security officer I _____, agree to change my network password every 30 days. I _____ security officer name (please print)

understand that I am responsible for all electronic on-line request forms which are processed. Any violation could result in disciplinary action.

<i>Security Officer Signature:</i> _____	<i>Date:</i> _____
---	---------------------------

<i>E-Mail Address:</i> <i>(WAN or Internet)</i> _____	
---	--

<i>Department Head Signature:</i> _____	<i>Date:</i> _____
--	---------------------------

Please return the completed form to:

Security Administration
Office of the Comptroller
1 Ashburton Place, 9th Floor
Boston, MA 02108
Attention: Kathy O'Leary @ 617-973-2381